

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

02-11-2002 90003 022 ****61.25

DOCUMENT # N92000000038

1. Entity Name

MORTON PLANT MEASE PRIMARY CARE, INC.

Principal Place of Business

Mailing Address

2240 BELLEAIR ROAD
 225
 CLEARWATER FL 34624
 US

2240 BELLEAIR ROAD
 225
 CLEARWATER FL 34624
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3140335**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

MARQUARDT, EMIL C JR.
625 COURT STREET, 2ND FLOOR
CLEARWATER FL 33756

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	PERZEL, PATRICIA	
STREET ADDRESS	601 MAIN STREET.	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	C	<input type="checkbox"/> Delete
NAME	HARPER, JAMES	
STREET ADDRESS	311 PARK PLACE BLVD STE 400	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BOKOR, BRUCE ESQ	
STREET ADDRESS	911 CHESTNUT STREET	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JACOBS, STEPHEN M.D.	
STREET ADDRESS	2240 BELLEAIR RD, 225	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, KAREN	
STREET ADDRESS	18167 US 19 N STE 600	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEAUCHAMP, PHILLIP	
STREET ADDRESS	601 MAIN STREET	
CITY-ST-ZIP	DUNEDIN FL	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3711 Tampa Rd, Ste 103	
CITY-ST-ZIP	Oldsmar, FL 34677	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Price, William	
STREET ADDRESS	29605 US 19 North	
CITY-ST-ZIP	Clearwater, FL 33761	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Simmons, N. John	
STREET ADDRESS	339 South Plant Ave	
CITY-ST-ZIP	Tampa, FL 33606	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Burwell, Robert	
STREET ADDRESS	845 Bay Esplanade	
CITY-ST-ZIP	Clearwater, FL 33767	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE

1/23/02

727-524-2613

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)